

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM
<p style="text-align: center;">Debtor against which claim is asserted : (Check only <u>one</u> box below:)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653) <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654) <input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655) <input type="checkbox"/> Ventoux International, Inc. (Case No. 08-35656) <input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657) <input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658) </div> <div style="width: 33%;"> <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659) <input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660) <input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661) <input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662) <input type="checkbox"/> Kinler Technology, LLC (Case No. 08-35663) <input type="checkbox"/> Couchevel, LLC (Case No. 08-35664) </div> <div style="width: 33%;"> <input type="checkbox"/> Abbott Advertising, Inc. (Case No. 08-35665) <input type="checkbox"/> Mayland MN, LLC (Case No. 08-35666) <input type="checkbox"/> Patapsco Designs, Inc. (Case No. 08-35667) <input type="checkbox"/> Sky Venture Corporation (Case No. 08-35668) <input type="checkbox"/> XSSuff, LLC (Case No. 08-35669) <input type="checkbox"/> PRAHS, INC. (Case No. 08-35670) </div> </div>		
<p><small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(c).</small></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): Carole Kaylor</p> <p>Name and address where notices should be sent: Thomas P. Finn, Esquire 153 Lakemont Park Blvd. Altoona, PA 16602</p> <p>Name and address where payment should be sent (if different from above):</p> <p style="text-align: right;">Telephone number: 814-944-4700</p>	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> RICHMOND DIVISION MAR 5 2012 CLERK US BANKRUPTCY COURT </div> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p> </div>	
<p>1. Amount of Claim as of Date Case Filed: <u>\$ Claim arose after 1/30/09 -\$35,000</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p>Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. <input type="checkbox"/></p>	<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <div style="display: flex;"> <div style="width: 60%;"> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().</p> </div> <div style="width: 40%;"> <p>Amount entitled to priority:</p> <p style="text-align: center;">\$ _____</p> </div> </div> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small></p>	
<p>2. Basis for Claim: <u>Personal Injury</u> (See instruction #2 on reverse side.)</p>	<p>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p>	
<p>3. Last four digits of any number by which creditor identifies debtor: <u>4266</u></p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p>	<p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)</p>	
<p>4. Secured Claim (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe:</p> <p>Value of Property: \$ _____ Annual Interest Rate: _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim,</p> <p>if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p>	<p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain:</p>	
<p>Date: <u>2/25/2012</u></p> <p>Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p style="text-align: center;"> <u>Carole V. Kaylor</u> <u>Carole V. Kaylor</u> <u>2701 Fairway Dr, #1C Altoona, Pa 16602</u> </p>	<p>FOR COURT USE ONLY</p>	

B 10 (Official Form 10) (12/07)- Cont.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim.

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien

documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §§ 507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim form is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §§ 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgement of Filing a Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or to view your filed proof of claim you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

CAROLE KAYLOR VS. CIRCUIT CITY STORES, INC.

CASE NO. 08-35653

SUMMARY OF CLAIM

On February 6, 2009, Carole Kaylor was in the parking lot outside of a Circuit City Store in Altoona, PA. On that date, Ms. Kaylor slipped on an accumulation of ice located on curbing adjacent to her vehicle in the parking lot. This resulted in a significant injury to Ms. Kaylor in the form of a displaced fracture of her left wrist. As a result thereof, she was required to undergo a surgical procedure which included the insertion of hardware. Ms. Kaylor was treated at Blair Orthopedics for this injury. Her last treatment relative to this matter occurred on July 8, 2009 when she underwent a follow-up x-ray. Attached hereto are copies of all medical records, photographs and bills which outline Ms. Kaylor's medical treatment and damages. As you will note, the majority of these bills have been paid by UPMC Health Plan who has asserted a subrogation lien in the amount of \$5,923.29. I am also enclosing a patient ledger from Blair Orthopedics and Innovative Resource Management, a contractor of the Altoona Regional Health System. These items documents out-of-pocket co-pays issued by Ms. Kaylor which total \$591.81.

**ALTOONA REGIONAL
EMERGENCY RECORD**

Kaylor, Carole
DOB: 06/07/1939 F69
Wt/Ht: 95.3 Kg
MedRec: 000000280179
AcctNum: [REDACTED]

Patient Data

Complaint: fell l hand injury
Triage Time: Fri Feb 06, 2009 21:42
Urgency: ESI 4
Bed: ER BS
Initial Vital Signs: 02/06/2009 21:39
BP:144/68 R:18
P:87 T:98.4

ED Attending: Arshad, Naveed
Primary RN: Novak, Greg

O2 sat:
Pain:8

DIAGNOSIS (22:36 NA)

FINAL: PRIMARY: WRIST FRACTURE.

TRIAGE (Fri Feb 06, 2009 21:42 GN)

PATIENT: NAME: Carole Kaylor, AGE: 69, GENDER: female, DOB: Wed Jun 07, 1939, TIME OF GREET: Fri Feb 06, 2009 21:21, by: Access Patient 2,
LANGUAGE: English, RACE: White, TETANUS: CURRENT, TRANSFER IN: NO,
Current vaccinations: None, Ambulance Patients: N/A, SSN: 185304266, KG
WEIGHT: 95.3, PHONE: 814941-7519, MEDICAL RECORD NUMBER: 000000280179,
ADMITTING: Smith, Regina.

PREVIOUS VISIT ALLERGIES: Bactrim.

ADMISSION: URGENCY: ESI 4, ADMISSION SOURCE: A. Private Residence,
TRANSPORT: A. Walk In, DEPT: Emergency, BED: BS ER01.

VITAL SIGNS: BP 144/68, Pulse 87, Resp 18, Temp 98.4, Pain 8, Time 02/06/2009 21:39.

COMPLAINT: COMPLAINT: fell l hand injury.

COMMENT: bs.

GREET

TRIAGE TIME: 21:39.

MENTAL STATUS: Conscious, Oriented X3, GCS Eye Opening: 4, GCS Verbal Response: 5, GCS Motor Response: 6, The GCS total is 15.

SPEECH: Coherent.

PAIN: Triage assessment performed. Patient complains of pain. Pain described as aching, On a scale 0-10 patient rates pain as 8. Pain is constant, Onset was 2115.

PRION DISEASE ASSESSMENT: Patient has No Progressive Dementia or Dementia of unknown cause. No family history of CJD, GSS or FFI.

NOTES: slipped on ice at target. pain l wrist. ? deformity l wrist.

ESI: ES level 4.

PROVIDERS: PRIMARY NURSE: Greg Novak.

DOCTOR NOTES (22:36 NA)

TEXT: D/W PT. AND FAMILY, EXPLAINED X-RAYS, SPLINT APPLIED, OPTIONS REVIEWED, INFORMATION, MEDS GIVEN, PT. ADVISED.

D/W: Risk and benefits discussed, with patient, with family.

PATIENT PLAN: The patient will be discharged.

PHYSICAL EXAM (22:35 NA)

XRAY

**ALTOONA REGIONAL
EMERGENCY RECORD**

Kaylor, Carole
DOB: 06/07/1939 F69
Wt/Ht: 95.3 Kg
MedRec: 000000280179
AcctNum: [REDACTED]

CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed. Patient has normal pulse, normal blood pressure, normal respiratory rate, Well appearing, Alert and oriented X 3. Patient appears uncomfortable.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light. No discharge from eyes,

Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

RESPIRATORY CHEST: Chest is nontender, Breath sounds normal. No respiratory distress.

CARDIOVASCULAR: RRR. No murmurs. Normal S1 S2, No rub, No gallop.

UPPER EXTREMITY: No cyanosis, clubbing, edema, LEFT WRIST DIFFUSE

SWELLING, TENDERNESS, ROM RESTRICTED, NEUROVASCULAR INTACT.

NEURO: GCS is 15, Speech normal.

PSYCHIATRIC: Normal affect.

PAST MEDICAL HISTORY (22:34 NA)

MEDICAL HISTORY: History of diabetes, That is currently treated with an oral medication, History of hyperlipidemia, hypertension.

ROS (22:34 NA)

MUSCULOSKELETAL: Historian reports arthralgias, fall, injury, myalgias, joint swelling.

ALL SYSTEMS NEGATIVE: All systems were reviewed and are negative except as described above.

HPI BLANK (22:33 NA)

CHIEF COMPLAINT: PT. SLIPPED AND FELL ON LEFT WRIST, C/O PAIN AND SWELLING, DENIES ANY OTHER COMPLAINTS.

HISTORIAN: History obtained from patient, family.

TIME COURSE: Onset of symptoms reported as sudden, Onset was 2 hours ago . Patient currently has symptoms, Complaint is persistent.

SEVERITY: Maximum severity is moderate, Currently symptoms are moderate.

NURSING ASSESSMENT: EXTREMITY UPPER (21:48 GN)

NOTES: slipped on ice leaving target. landed on l wrist. 7 deformity, mildly goose necked. n/v intact.

CONSTITUTIONAL: Complex assessment performed. Patient arrives ambulatory with steady gait to treatment area.

History obtained from patient. Patient appears comfortable. Patient is cooperative, alert and oriented x 3.

Patient appears in no acute distress. Patient's skin is warm and dry, mucous membranes are moist and pink.

LEFT UPPER EXTREMITY: Radial pulse present, Brisk capillary refill, Sensation intact. No numbness/tingling,

Full range of motion, Area of assessment is wrist, Pain described as aching. Pain is continuous, On a scale 0-10 patient rates pain as 8. Pain non-radiating, Duration of pain: 2115 incident.

PRESCRIPTION (22:37 NA)

Lortab 5/500: Tablet : 500 mg-5 mg : Oral : Quantity: *** 1 *** Unit: TAB Route: Oral Schedule: Take As Needed Every 4-6 Hours Dispense: *** 15 ***.

NOTES:

No refills

May substitute

DEA: BA9408041



ALTOONA REGIONAL EMERGENCY RECORD

Kaylor, Carole
DOB: 06/07/1939 F69
Wt/Ht: 95.3 Kg
MedRec: 000000280179
AcctNum: [REDACTED]

MLN: MD427307

INSTRUCTION (22:38 NA)

DISCHARGE: WRIST FRACTURE - WITH SPLINT.

FOLLOWUP: REGINA SMITH, 2. Bon Secours Medicine, 2950 FAIRWAY DRIVE,
ALTOONA PA 16602, 942-9494, ORTHO BLAIR, 3. Bon Secours Orthopedics, 3000
FAIRWAY DRIVE, ALTOONA PA 16602, 942-1166.

SPECIAL: Follow up with primary care physician

Continue your own medications

Take medication as prescribed

CALL OR RETURN FOR NEW OR WORSENING SYMPTOMS

Follow up with referral physician.

RADIOLOGY INTERPRETATION (22:35 NA)

UPPER EXTREMITIES: X-ray Interpretation:, X-ray of the left wrist shows, fracture noted, to distal radius, to
distal ulna.

ORDERS

BS Left Wrist by GN for NA on Fri Feb 06, 2009 21:45 Status: Done by System Fri Feb 06, 2009 22:14 Comment: Room
#1.

Reason: Smith, Regina W.

KNOWN ALLERGIES

Bactrim.

IMAGING

DEMOGRAPHIC: Image captured from scanner. (21:53 LMH1)

CONSENT: Image captured from scanner. (21:53 LMH1)

HOME HEALTH RESOURCE SHEET: Image captured from scanner. (22:43

LMH1)

DISPOSITION

PATIENT: Disposition: A. Home, Condition: Stable. (22:36 NA)

Hold Patient: No, Campus: BS, Remove from ER. (22:44 CT)

NURSING PROCEDURE: SPLINTING (22:43 CT)

TIME: Patient's identity verified by, patient stating name, hospital ID bracelet, Indications for procedure:

sprain/strain/fracture, Splinting performed at 2235, Left wrist, Post mold: Short arm post mold applied, Sling
applied, After procedure, capillary refill less than 2 seconds, After procedure, CMS intact, After procedure,
sensation intact, After procedure, distal pulses present, Procedure done by L. GROVE MSW.

NURSING PROCEDURE: DISCHARGE NOTE (22:43 CT)



**ALTOONA REGIONAL
EMERGENCY RECORD**

Kaylor, Carole
DOB: 06/07/1939 F69
Wt/Ht: 95.3 Kg
MedRec: 000000280179
AcctNum: [REDACTED]

TIME: Patient discharged at 2243. Patient discharged to, home, Patient, ambulates without assistance,
Transported via friend/family driving, Accompanied by family member, Discharge instructions given to, patient,
Complex discharge teaching performed, Name of prescription(s) given: LORTAB, Above Person(s) verbalized
understanding of discharge instructions and
follow-up care, Patient treated and evaluated by physician.

ADMIN (22:43 CT)

DIGITAL SIGNATURE: Ickes, Chris.

VITAL SIGNS (Fri Feb 06, 2009 21:42 GN)

VITAL SIGNS: BP: 144/68, Pulse: 87, Resp: 18, Temp: 98.4, Pain: 8, Time: 02/06/2009 21:39.

Key:

CI=Ickes, Chris GN=Novak, Greg LMHI=Hoffman, Laura NA=Arshad, Naveed

ALTOONA REGIONAL HEALTH SYSTEM
2500 SEVENTH AVENUE
ALTOONA, PA 16601

RADIOLOGY CONSULTATION

DISCHARGE DATE:

Patient Name: KAYLOR, CAROLE
DOB: 06/07/1939
Address: 2701 FAIRWAY DRIVE APT 1C
ALTOONA, PA 16602
Phone: (814)941-7519
Send Copy To: SMITH, REGINA W

Pt. NS/Room: -
Pt. Class: E
Med/Rad. No: 280179
Admission No: 000304544992
Surgery Date: //
Ordering Dr.: M NAVEED ARSHAD-BED

Reason for Exam: PAIN S/P GROUND LEVEL,
Order Comments: ROOM #1

DATE OF EXAM: 02/06/2009 **ORDER NO:** 90001

BDI 0377 - WRIST LEFT

RESULT:
Left wrist:

Clinical Indication: Injury.


Three views of the left wrist demonstrate a displaced fracture involving the distal left radius which extends into the radiocarpal joint. There is also displaced ulnar styloid fracture. The appearances consistent with a Colles' type fracture. The carpal bones of the left wrist are normally aligned. Metacarpal bones of the left hand are intact.

CONCLUSION:

Colles' type fracture of the distal left radius with an associated displaced ulnar styloid fracture.

Electronically signed by: RICHARD A. WERTZ, M.D. On: Feb 7 2009 8:09P

Final Result

 Altoona Regional Health System Operative Report	Date of Birth 06/07/1939	Patient Name KAYLOR, CAROLE	
	Location	Medical Record No. 000000280179	Account No. [REDACTED]
	Hospital Service ASC	Admit / Registration Date 02/13/2009	

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PATIENT: Kaylor, Carole

DATE OF OPERATION: 02/13/2009

PREOP DIAGNOSIS: Displaced fracture of left distal radius.

POSTOP DIAGNOSIS: Displaced fracture of left distal radius.

PROCEDURE: Open reduction and internal fixation, fracture of left distal radius.

SURGEON: Andrew W. Gurman, MD


ANESTHESIA: General.

OPERATIVE NOTE: The patient was brought to the operating room and identified by me. She was transferred supine to the operating table where she was given a general anesthetic by Dr. Rasmussen. A pneumatic tourniquet was placed about the proximal left arm over sufficient cast padding and the extremity was prepped and draped in the usual fashion. After elevation to effect exsanguination of the limb, the tourniquet was inflated to 250 torr. A standard volar approach to the distal radius was made with a longitudinal incision over the flexor carpi radialis. Sharp dissection was carried down to the subcutaneous tissue. Hemostasis was achieved with electrocautery as necessary. The pronator quadratus was elevated off the fracture and the fracture was anatomically reduced. The Stryker distal radius set was used and a fixed angle volar plate was fixed to the volar surface of the radius using 2.7 mm locking and nonlocking screws. Anatomic reduction and a stable construct were achieved. The wound was copiously irrigated. The pronator was tacked back with 3-0 Vicryl, as was the fascia. Skin was closed with 4-0 Vicryl Rapide and a bulky dry sterile compressive dressing was applied. Final films were taken with the FluoroScan image intensifier and were reviewed; AP and lateral images of the left wrist taken in the OR with the FluoroScan image intensifier show a fracture of the distal radius, which is anatomically reduced and is fixed with a volar plate and screws.

A plaster splint was applied. The tourniquet was deflated, anesthesia was reversed, and the patient was taken to the recovery room in satisfactory condition. All dissection was performed under appropriate magnification.

Andrew W. Gurman, MD

AUTHOR COPY

 Altoona Regional Health System Operative Report	Date of Birth	06/07/1939	Patient Name	KAYLOR, CAROLE
	Location		Medical Record No.	000000280179
	Hospital Service	ASC	Account No.	[REDACTED]
			Admit / Registration Date	02/13/2009

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DD: 02/13/2009 11:28
DT: 02/14/2009 00:37
JOB#: 38517047/JLG607010

AUTHOR COPY

BLAIR ORTHOPEDICS

PATIENT INFORMATION

Please Complete All Lines

Date 2/09/09

Name Kaylor Carol V.
Last First Middle

Employer (Name of Firm) _____

Address 2701 Fairway Dr. #1C

Business Telephone () _____

Altoona Pa. 16602
City State Zip Code

Occupation and Description of Job _____

Home Telephone (814) 941-7519

Cellular Telephone (814) 889-5972

Work Status: Regular Light Work Disabled

Date of Birth 6/7/1938 Age 69 Sex F Marital Status Widow

Date Disability Began _____

Family Physician Dr. Regina Smith

Patient's Social Security Number [REDACTED]

Person to Contact in an Emergency, other than spouse (please include telephone number and relationship to you) _____

Jami Kaylor - 207-3082 or VOTech 505-1299

Do you have a Power of Attorney? NO If yes, please provide their name and telephone number _____

History of Current Injury/Condition

Reason for today's visit to the doctor (please specify which body part & left or right side) I fell at Circuit City parking lot and broke my wrist. I was told to come here by the ER doctor.

Have you had any previous orthopedic surgeries pertaining to the current injured area? Yes ☐ No ☒ If yes, please list: _____

Have you had any previous Accidents/Injuries pertaining to the current injured area (include dates) Yes ☐ No ☒ If yes, please list: _____

If your current condition is related to an accident, when did it occur? N/A ☐ Friday evening 2/6/09 8:00

Where did it happen? Home ☐ Work ☐ N/A ☐ Other ☐ please specify parking lot

How did it happen? N/A ☐ I slipped on ice on the curb

If an accident did not occur, approximately when did your symptoms begin? N/A ☒

Please list any treatment to date, pertaining to the current injured area (including hospitalization) beginning with the first treatment & approximate date. Please include any specialists seen recently (Cardiologists, etc.) N/A ☒

Are you: Right Handed YES or Left Handed ? Height 5/5 Weight 210

PLEASE TURN OVER

PAST MEDICAL HISTORY

Please list any previous surgeries/hospitalizations (including all orthopedic surgeries) N/A ☒ DEC

Please list all chronic medical conditions (i.e. heart, respiratory, kidney, etc.) N/A ☐

Are you diabetic? Yes ☒ No ☐ If yes, how do you control/manage your condition? pills

Do you have any allergies? (food, medications, etc.) Yes ☒ No ☐ If yes, please list and explain your reaction: sulfa

Present medications: Aspirin ☐ Plavix ☐ Coumadin ☐

Please list all other medications: glucophage, actos, jinevia, philipidine, avapro, allegra,
nocran

Have you experienced any of the following: Please explain if yes.

Yes	No	nature of problem	comments & approximate date	Yes	No	nature of problem	comments & approximate date
	<input checked="" type="checkbox"/>	recent weight loss			<input checked="" type="checkbox"/>	blood clots	
	<input checked="" type="checkbox"/>	headaches			<input checked="" type="checkbox"/>	high blood pressure	
	<input checked="" type="checkbox"/>	trouble with vision			<input checked="" type="checkbox"/>	chest pain	
	<input checked="" type="checkbox"/>	trouble with hearing			<input checked="" type="checkbox"/>	respiratory problems	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	allergies/hay fever			<input checked="" type="checkbox"/>	liver disease/gallbladder	
	<input checked="" type="checkbox"/>	asthma			<input checked="" type="checkbox"/>	stomach trouble	
	<input checked="" type="checkbox"/>	thyroid problem			<input checked="" type="checkbox"/>	swelling (feet/ankles)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	diabetes			<input checked="" type="checkbox"/>	arthritis	
	<input checked="" type="checkbox"/>	anemia			<input checked="" type="checkbox"/>	kidney disease/stones	
	<input checked="" type="checkbox"/>	heart problems			<input checked="" type="checkbox"/>	gout	
	<input checked="" type="checkbox"/>	mitral valve prolapse			<input checked="" type="checkbox"/>	bleeding tendency	
	<input checked="" type="checkbox"/>	heart murmur			<input checked="" type="checkbox"/>	scarring tendency	
	<input checked="" type="checkbox"/>	numbness (feet/legs)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	joint pain or stiffness	
	<input checked="" type="checkbox"/>	burning (feet/legs)			<input checked="" type="checkbox"/>	cancer	
	<input checked="" type="checkbox"/>	depression/anxiety			<input checked="" type="checkbox"/>	stroke	
	<input checked="" type="checkbox"/>	other illness/problems	Cholesterol				

Do you use any tobacco products? Yes ☐ No ☒ If yes, please explain how much:

Do you use alcohol? Yes ☐ No ☒ If yes, please explain how much:

Are you using any illegal drugs? Yes ☐ No ☒ If yes, please list name of drug and explain how much:

Secondary Job baby sit grand-children

Hobbies crocheting

Sports Activities

The documented information is true and complete to the best of my knowledge.

Signature Carol V. Taylor

Date: 2/09/09

DATE:

NOTES:

KAYLOR, CAROLE V

Altoona Regional Health System

Account ID: [REDACTED] Orgz: BOSC

MRN: 280179

Location:

Final REPORT

Report For: GURMAN, ANDREW

DOB: 06/07/1939 Age: 69Y

Sex: F

Race: W

Attending Doctor: GURMAN, ANDREW

Registering Doctor: GURMAN, ANDREW

SURGERY DATE

Pretesting

Test Name	02/11/2009 15:03	Reference Range	Units of Measure	PL
SURGERY DATE	02.13			BS

CHEMISTRY

Basic Metabolic Profile

Test Name	02/11/2009 15:03	Reference Range	Units of Measure	PL
BUN	21 H	7-17	MG/DL	BS
SODIUM	139	135-145	mmol/L	BS
POTASSIUM	4.4	3.6-5.0	mmol/L	BS
CHLORIDE	105	98-107	mmol/L	BS
CO2	24	22-30	mmol/L	BS
GLUCOSE	123 H	70-110	MG/DL	BS
CREAT	0.94	0.7-1.2	MG/DL	BS
CALC	9.4	8.4-10.2	MG/DL	BS
eGFR	69 L	> 60	ml/min.	BS
=1,2=				

Comments

=1= The estimated Glomerular Filtration Rate (eGFR) is calculated using the MDRD calculation. The eGFR is primarily useful for assessment of an eGFR <60 mL/min/1.73m². It lacks sensitivity for early detection of decreases in renal function.

INTERPRETATION OF DECREASED eGFR:

eGFR <60mL/min/1.73m² - should have a complete evaluation for renal disease performed by their physician.

eGFR <30 mL/min/1.73m² - the patient should be seen in conjunction with a nephrologist.

=2= The estimated Glomerular Filtration Rate (eGFR) is calculated using the MDRD equation.

KEY:

H:High

L:Low

Performing Laboratory (PL):

BS: Altoona Regional Health System Bon Secours Campus 2500 Seventh Avenue Altoona, PA 16602 Dr. Americo Anton, Medical Director





PT/OT Progress Report

3/16/09 Xray 200
MD 210

Patient Name: CAROLE Kaylor

Dr. Gurman

Diagnosis: (L) ORIF DISTAL RADIUS fx

of visits 7

Current Status

Pain level: 0-1/10 Small finger sore occaf. thumb pain.

Range of Motion: WRIST +20 35(22) 155(35) R/V 65 / 70

Supination 57(30)

Strength: Grip (R) 42 (L) 18 Pinches LAT (R) 8 (L) 6

3pt (R) 8 (L) 2 TIL (R) 6 (L) 5

Functional Changes: Pt returning to activities she has begun
to ~~drive~~ utilize for leisure activities and ADLs.

Recommendations: Wear from splint.

Cont 2x wk x 2 wks for ROM/strengthening.

Therapy

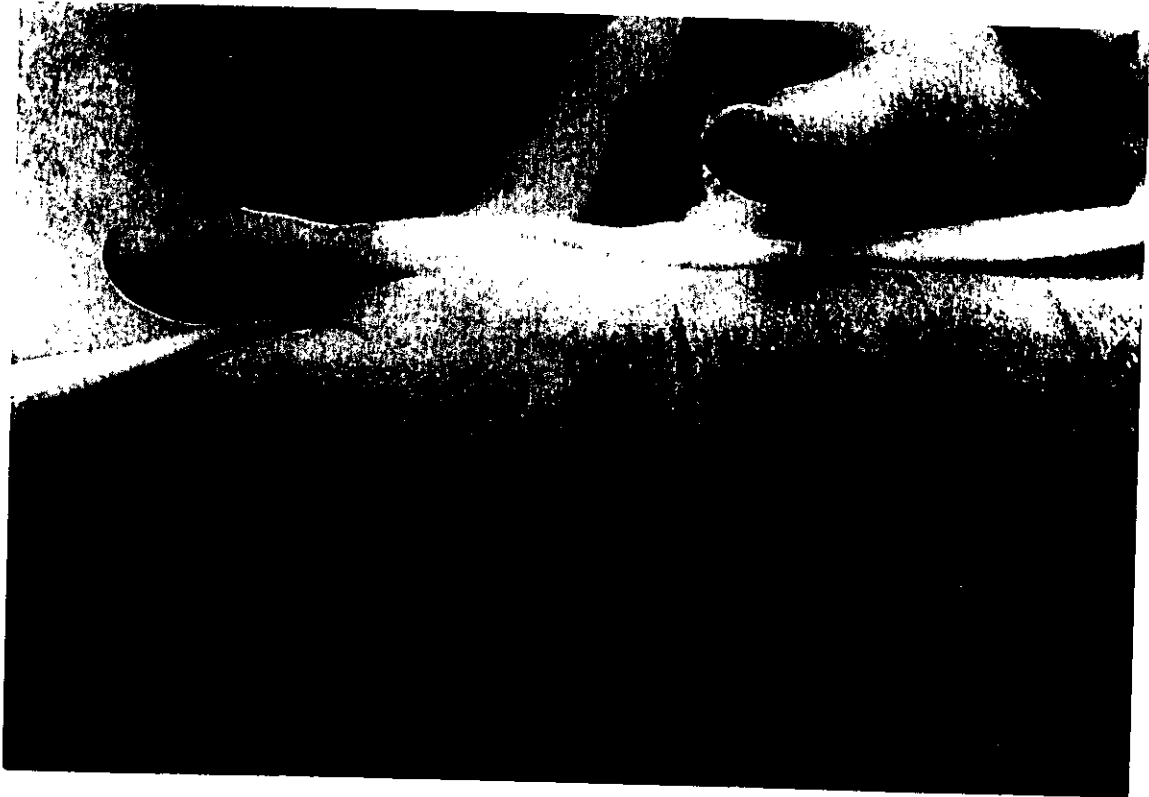
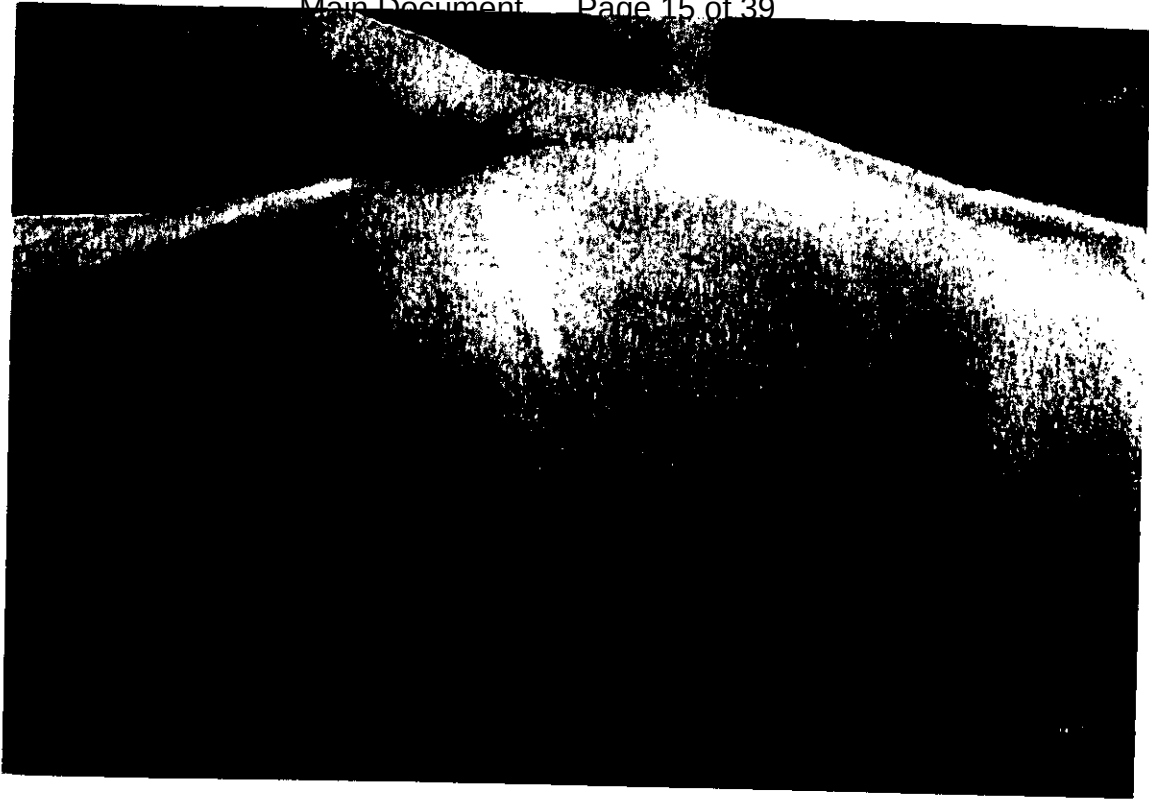
Signature: Smith's care Date: 3/16/09

☒ Agree

☐ Make the following changes

Signature: [Signature]

Please return to physical therapy.



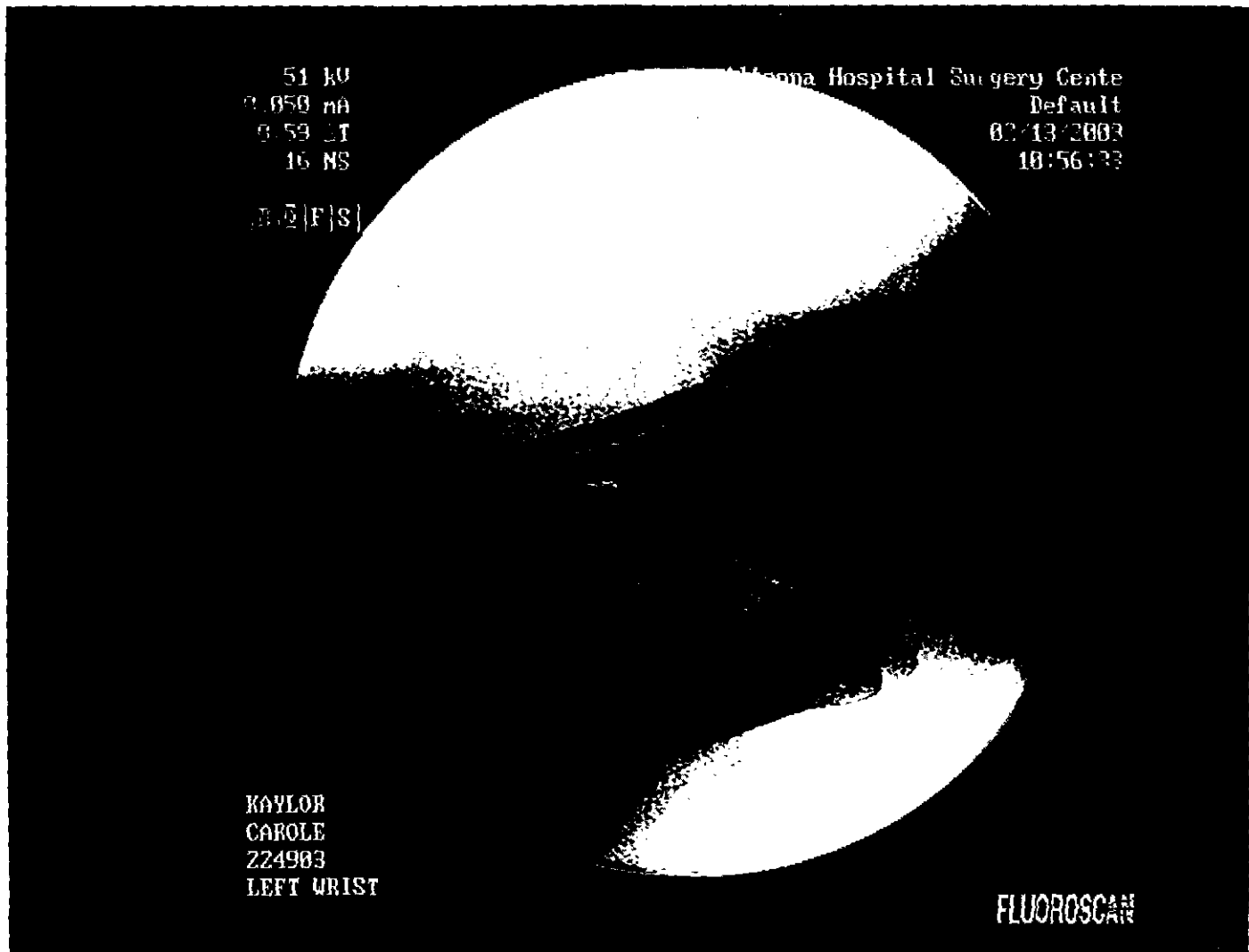
53 kV
0.855 mA
1:01 AT
16 NS

[R] [E] [F] [S]

Memorial Hospital Surgery Center
Default
02/13/2009
10:57:03

KAYLOR
CAROLE
224903
LEFT WRIST

FLUOROSCAN





Patient Name: Carole V. Kaylor
Chart Number: [REDACTED]
DOB: 06/07/39

05/08/2009

ANGELA W. ROWE, D.O.

ON FOLLOW-UP VISIT

HISTORY: This is a patient of Dr. Gurman's who is now three months out of ORIF, left distal radius. She is doing extremely well, and she offers no complaints.

PHYSICAL EXAMINATION: Examination reveals the left volar incision to be healed. She has fairly good grip strength, and gross sensation is intact.

X-RAY FINDINGS: Three views of the left wrist are obtained in the office. Volar locking plate is in good position. Distal radius fracture is healed. The alignment is satisfactory.

PLAN: Overall, she is doing very well. Her activities are as tolerated. I am going to leave her appointment open and asked that she return if she has any questions or problems.

AWR:vm

Referring Physician:
Regina Smith D.O.
(814) 942-4294



Patient Name: Carole V. Kaylor
Chart Number: [REDACTED]
DOB: 06/07/39

03/16/2009

ANDREW W. GURMAN, M.D.

ON FOLLOW-UP VISIT

HISTORY: She is little over a month status post ORIF of fracture, left distal radius. She is doing quite well.

PHYSICAL EXAMINATION: The wound is clean and dry. There is no sign of infection. Range of motion is good.

X-RAY FINDINGS: X-rays of the left wrist taken here today, three views, show a fracture of the distal radius, which is well reduced and is internally fixed with the volar plate and screws.

PLAN: She is to continue therapy for a few more weeks. Followup with me will be in a month or so, perhaps for final check.

AWG:mn



Patient Name: Carole V. Kaylor
Chart Number: [REDACTED]
DOB: 06/07/39

02/23/2009

ANDREW W. GURMAN, M.D.

ON FOLLOW-UP VISIT

HISTORY: She is 10 days status post ORIF of fracture of the left distal radius.

PHYSICAL EXAMINATION: The wound is clean and dry. There is no sign of infection. EPL is functional.

X-RAY FINDINGS: X-rays of the left wrist taken here today, three views, show a fracture of the distal radius, which is internally fixed with volar plate and screws and is anatomically reduced. A smaller ulnar styloid fracture was again seen.

PLAN: She is to start therapy for range of motion exercises. Follow up in three weeks. The splint was applied but it can be removed for exercising.

AWG:mn

CAROLE KAYLOR

4035920

2-13-09

SURGERY AT ALTOONA SURGERY CENTER BY DR GURMAN:

ORIF fx left distal radius



Patient Name: Carole V. Kaylor
Chart Number: [REDACTED]
DOB: 06/07/39

02/09/2009

ANDREW W. GURMAN, M.D.

ON INITIAL VISIT

HISTORY: The patient is a 69-year-old right-hand dominant female who presents today for evaluation of an injury to her left wrist, which occurred when she fell in a parking lot three days ago. She was seen in the Altoona Hospital Emergency Room where x-rays were taken.

PAST MEDICAL HISTORY: Remarkable for diabetes and hypertension.

PAST SURGICAL HISTORY: Includes a D&C.

MEDICATIONS: Glucophage, Actos, Januvia, felodipine, Avapro, Allegra, and Zocor.

ALLERGIES: She is allergic to sulfa.

FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: She does not smoke or drink.

REVIEW OF SYSTEMS: Positive for high cholesterol and arthritis.

PHYSICAL EXAMINATION: Examination reveals swelling, ecchymosis, and tenderness about the left distal radius. Skin is intact. Sensation is intact. There is good capillary refill.

X-RAY FINDINGS: X-rays of the left wrist taken at the Altoona Hospital on February 6, 2009, show a fracture of the distal radius, which is displaced. There is volar subluxation of the carpus.

IMPRESSION: Displaced fracture, left distal radius.

PLAN: She will require ORIF. Risks, benefits, alternatives, and realistic expectations were explained in detail. Surgery is scheduled for later this week.

AWG:ed



Patient Name: Carole V. Kaylor
Chart Number: [REDACTED]
DOB: 06/07/39

02/09/2009

ANDREW W. GURMAN, M.D.

ON INITIAL VISIT

HISTORY: The patient is a 69-year-old right-hand dominant female who presents today for evaluation of an injury to her left wrist, which occurred when she fell in a parking lot three days ago. She was seen in the Altoona Hospital Emergency Room where x-rays were taken.

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PAST SURGICAL HISTORY: Includes a D&C.

MEDICATIONS: Glucophage, Actos, Januvia, felodipine, Avapro, Allegra, and Zocor.

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IMPRESSION: Displaced fracture, left distal radius.

PLAN: She will require ORIF. Risks, benefits, alternatives, and realistic expectations were explained in detail. Surgery is scheduled for later this week.

AWG:ed

CONSOLIDATED STATEMENT OF BENEFITS

PATIENT'S NAME: CAROLE V KAYLOR
 HEALTH PLAN: U P M C HEALTH PLAN
 DATE OF INJURY: 2/6/2009
 SERVICE PERIOD: 2/6/2009-7/21/2009
 EVENT NUMBER: HRI 10723248-10717620

Subject to change.

Instructions:

- If remitting payment, make checks payable to: Healthcare Recoveries.
- Write the patient's name, **CAROLE V KAYLOR**, and event number, **10723248-10717620**, on the check.

Provider of Service	Diagnosis Code	Claim Number	
Date of Service	Procedure Code(s)	Billed Amt.	Provided Benefits
ALTOONA HOSPITAL AC	813.44 FX LOWER RADIUS	74665391I20090206	
2/6/2009	29125 APPLICATION OF S	\$385.90	\$14.47
2/6/2009	73110 RADIOLOGIC EXAM	\$123.30	\$40.23
2/6/2009	99283 EMERG DEPT VISIT	\$515.50	\$123.03
ALTOONA REGIONAL	V72.84 PREOP EXAM UNSP	73282109E20090211	
2/11/2009	80048 BASIC METABOLIC	\$78.80	\$12.36
2/11/2009	93005 ELECTROCARDIOGRA	\$97.90	\$23.48
	V72.84 PREOP EXAM UNSP	73368791E20090211	
2/11/2009	93010 ELECTROCARDIOGRA	\$53.80	\$8.86
	813.42 FX DISTAL RADIU	73129811E20090213	
2/13/2009	C1713 ANCHOR/SCREW BON	\$3560.66	\$0.00
2/13/2009	J0592 BUPRENORPHINE HY	\$13.54	\$0.00
2/13/2009	J0690 CEFAZOLIN SODIUM	\$27.88	\$0.00
2/13/2009	J2001 LIDOCAINE INJECT	\$4.92	\$0.00
2/13/2009	J2795 ROPIVACAINE HCL	\$62.90	\$0.00
2/13/2009	J3010 FENTANYL CITRATE	\$1.99	\$0.00
2/13/2009	258 PHARMACY	\$9.50	\$0.00
2/13/2009	259 PHARMACY	\$29.85	\$0.00
2/13/2009	270 MEDICAL/SURGICAL S	\$96.50	\$0.00
2/13/2009	272 MEDICAL/SURGICAL S	\$1289.88	\$0.00
2/13/2009	370 ANESTHESIA	\$1094.20	\$0.00
2/13/2009	710 RECOVERY ROOM	\$370.10	\$0.00
2/13/2009	25608 TREAT FX RAD INT	\$3050.90	\$3569.84
	784.7 EPISTAXIS	77638775E20090507	
5/7/2009	30901 CONTROL NOSEBLEE	\$407.90	\$16.05
5/7/2009	99283 EMERGENCY DEPT V	\$515.50	\$123.03
	784.7 EPISTAXIS	79106921E20090507	
5/7/2009	30901 CONTROL NOSEBLEE	\$121.00	\$0.00
5/7/2009	99283 EMERGENCY DEPT V	\$112.50	\$60.85
	V58.31 VISIT CHANGE SU	79106929E20090509	
5/9/2009	99281 EMERGENCY DEPT V	\$43.40	\$20.01
	V58.30 VISIT CHANGE NO	77718585E20090509	
5/9/2009	99282 EMERGENCY DEPT V	\$360.90	\$27.52
	733.90 DISORDER BONE/C	80898509E20090708	
7/8/2009	77080 DXA BONE DENSITY	\$217.70	\$64.73

CONSOLIDATED STATEMENT OF BENEFITS

PATIENT'S NAME: CAROLE V KAYLOR
HEALTH PLAN: U P M C HEALTH PLAN
DATE OF INJURY: 2/6/2009
SERVICE PERIOD: 2/6/2009-7/21/2009
EVENT NUMBER: HRI 10723248-10717620

Subject to change.

Instructions:

- If remitting payment, make checks payable to: Healthcare Recoveries.
- Write the patient's name, CAROLE V KAYLOR, and event number, 10723248-10717620, on the check.

Provider of Service	Diagnosis Code	Claim Number	
Date of Service	Procedure Code(s)	Billed Amt.	Provided Benefits
2/27/2009	97760 ORTHOTIC MGMT AN	\$65.00	\$24.87
DAVID M RASMUSSEN	719.43 PAIN JOINT FORE	72951567E20090213	
2/13/2009	64417 INJECTION ANESTH	\$672.00	\$68.23
2/13/2009	01830 ANES-OPN/SCOPE/E	\$756.00	\$93.96
HOME HEALTH RESOURC	814.00 FX CARPAL BONE	79254705E20090206	
2/6/2009	L3650 SO FIGURE 8 DESN	\$62.00	\$45.04
MOHAMMAD N ARSHAD	813.44 FX LOWER RADIUS	80654565E20090206	
2/6/2009	99284 EMERG DEPT VISIT	\$164.30	\$113.47
REGINA W SMITH	814.00 FX CARPAL BONE	75563789E20090317	
3/17/2009	99213 OFC/OUTPT VISIT	\$71.00	\$44.37
	814.00 FX CARPAL BONE	82142547E20090721	
7/21/2009	99214 OFC/OUTPT VISIT	\$108.00	\$74.53
RICHARD A WERTZ	813.41 COLLES' FX CLOS	73262737E20090206	
2/6/2009	73110 RADIOLOGIC EXAM	\$40.00	\$8.52
SYLVAN RADIOLOG	733.90 DISORDER BONE/C	80823749E20090708	
7/8/2009	77080 DXA BONE DENSITY	\$79.00	\$9.94
Total Billed Charges \$18,132.22		Amount Received \$0.00	
Total Benefits Provided \$5,923.29		Balance Due \$5,923.29	

IMPORTANT MESSAGE FROM YOUR PHYSICIAN

This bill covers only the professional fee; you may also receive a separate hospital bill
Questions? 800-666-2455 Call Monday-Friday between the hours of 9:30 AM - NOON AND 1:00 - 5:00 PM EST

If insurance information or other information on this form is incorrect, please correct on back of return stub.

PLEASE REMIT BY 'PAYMENT DUE BY' DATE TO AVOID FURTHER BILLING.

PATIENT NAME		TELEPHONE NUMBER	TAX ID NUMBER	STATEMENT DATE	
CAROLE KAYLOR		800-666-2455	23-1352155	02/20/09	
DATE	PROC.	DIAG.	DOCTOR/DESCRIPTION	CHARGES/ (CREDITS)	DUE FROM PATIENT
02/06/09	99284		DR. ARSHAD / ER EXAM-4 SERVICE AT BON SECOURS HOSP CAMPUS OUR CALL VOLUME IS EXTREMELY HIGH ON MONDAY & TUESDAY. OUR AUTOMATED SYSTEM IS AVAILABLE 24 HOURS PER DAY, 7 DAYS A WEEK.	164.30	164.30
ACCOUNT NUMBER		REFERRING PHYSICIAN	TOTAL AMOUNT DUE		
ALT00304544992			** PAY THIS AMOUNT ** 164.30		

Patient ID: [REDACTED] Carole V Kaylor
Birthdate: 06/07/1939 2701 Fairway Drive Apt 1-C
Phone 1: [REDACTED] Home Altoona PA 16602
Phone 2: [REDACTED] Cell

Total Charges: \$1,684.00
Total Payments: \$334.52
Total Adjustments: \$833.27
Insurance Balance: \$311.40
Patient Balance: \$204.81

Visit	Company	Doctor	Facility	Ticket Number	Units	Fee	Insurance	Patient
Service	Code	Description						
02/09/2009	Blair Orthopedics	Gurman M.D., Andrew W.	BO Altoona	357809				
	819	Fx Distal Left Radius						
02/09/2009		Commercial Adjustment					(\$0.54)	\$0.00
02/09/2009	99202	Office Exam New Patient			1.00	\$84.00	\$54.00	\$30.00
02/09/2009	29125	Appl Short Arm Splint			1.00	\$88.00	\$88.00	\$0.00
02/09/2009	Q4021	C/S Srt Arm Splint (11+)Plaste			1.00	\$10.00	\$10.00	\$0.00
02/13/2009		Commercial Payment					(\$93.82)	\$0.00
02/13/2009		Commercial Adjustment					(\$57.64)	\$0.00
02/23/2009		Payment					\$0.00	(\$30.00)
Visit Total/Balance Due							\$0.00	\$0.00
02/23/2009	Blair Orthopedics	Gurman M.D., Andrew W.	BO Altoona	360411				
	819	Fx Distal Left Radius						
02/23/2009		Commercial Adjustment					(\$49.40)	\$0.00
02/23/2009	99024	Post Op Follow-Up Visit			1.00	\$0.00	\$0.00	\$0.00
02/23/2009	73110	Xray Wrist			1.00	\$83.00	\$83.00	\$0.00
03/02/2009		Commercial Adjustment					(\$2.28)	\$0.00
03/02/2009		Commercial Payment					(\$16.32)	\$0.00
03/02/2009		Transfer from Insurance					(\$15.00)	\$15.00
03/03/2009	Notes:	Copayment with Your Insurance					\$0.00	(\$15.00)
		Payment						
Visit Total/Balance Due							\$0.00	\$0.00
02/25/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	360996				
	819	Fx Distal Left Radius						
02/25/2009	97003	OY Evaluation			1.00	\$132.00	\$102.00	\$30.00
02/25/2009	97530	Therapeutic Activities			2.00	\$110.00	\$110.00	\$0.00
02/26/2009		Medicare Adjustment					(\$55.78)	\$0.00
03/03/2009		Payment					\$0.00	(\$30.00)
03/04/2009		Correction of automatic adjustment Adjustment					\$2.98	\$0.00
03/04/2009		Medicare Adjustment					(\$59.69)	\$0.00
03/04/2009		Medicare Payment					(\$57.20)	\$0.00
03/04/2009		Medicare Payment					(\$42.31)	\$0.00
03/04/2009	Notes:	Copayment with Your Insurance						
Visit Total/Balance Due							\$0.00	\$0.00
02/27/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	361315				
	819	Fx Distal Left Radius						
02/27/2009		Medicare Adjustment					(\$64.50)	\$0.00
02/27/2009	97530	Therapeutic Activities			1.00	\$55.00	\$25.00	\$30.00
02/27/2009	97760	Orthotic training			1.00	\$65.00	\$65.00	\$0.00
03/03/2009		Payment					\$0.00	(\$10.00)
03/05/2009		Correction of automatic adjustment Adjustment					\$4.18	\$0.00
03/05/2009		Commercial Payment					(\$24.87)	\$0.00
03/05/2009		Transfer from Insurance					(\$4.81)	\$4.81
03/05/2009	Notes:	Copayment with Your Insurance						
Visit Total/Balance Due							\$0.00	\$24.81
03/03/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	361796				
	819	Fx Distal Left Radius						
03/03/2009		Medicare Adjustment					(\$55.78)	\$0.00
03/03/2009	97530	Therapeutic Activities			2.00	\$110.00	\$80.00	\$30.00
Visit Total/Balance Due							\$24.22	\$30.00
03/06/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	362602				
	819	Fx Distal Left Radius						
03/06/2009	97530	Therapeutic Activities			3.00	\$165.00	\$135.00	\$30.00
03/09/2009		Medicare Adjustment					(\$83.67)	\$0.00
Visit Total/Balance Due							\$51.33	\$30.00
03/09/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	362766				
	819	Fx Distal Left Radius						
03/09/2009		Medicare Adjustment					(\$83.67)	\$0.00
03/09/2009	97530	Therapeutic Activities			3.00	\$165.00	\$135.00	\$30.00
Visit Total/Balance Due							\$51.33	\$30.00

Patient ID: 4036528
 Birthdate: 06/07/1939
 Phone 1: [REDACTED]
 Phone 2: [REDACTED]

Case 08-35653-KRH
 Doe 11774
 Filed 03/05/12
 Entered 03/06/12 11:32:38
 Desc

Carolene Kaylor
 2701 Fairway Drive Apt 1-C
 Altoona PA 16802

Total Charges: \$1084.00
 Total Payments: \$334.52
 Total Adjustments: \$833.27
 Insurance Balance: \$311.40
 Patient Balance: \$204.81

Visit	Company	Doctor	Facility	Ticket Number	Units	Fee	Insurance	Patient
Service	Code	Description						
03/12/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	363554				
	819	Fx Distal Left Radius						
03/12/2009		Medicare Adjustment					(\$111.56)	\$0.00
03/12/2009	97530	Therapeutic Activities			4.00	\$220.00	\$190.00	\$30.00
Visit Total/Balance Due							<u>\$78.44</u>	<u>\$30.00</u>
03/16/2009	Blair Orthopedics	Gurman M.D., Andrew W.	BO Altoona	364037				
	819	Fx Distal Left Radius						
03/03/2009		Payment					\$0.00	(\$15.00)
03/03/2009		Transfer from Patient					(\$15.00)	\$15.00
03/16/2009		Medicare Adjustment					(\$51.68)	\$0.00
03/16/2009	99024	Post Op Follow-Up Visit			1.00	\$0.00	\$0.00	\$0.00
03/16/2009	73110	Xray Wrist			1.00	\$83.00	\$83.00	\$0.00
Visit Total/Balance Due							<u>\$16.32</u>	<u>\$0.00</u>
03/16/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	364209				
	819	Fx Distal Left Radius						
03/16/2009	97530	Therapeutic Activities			3.00	\$165.00	\$135.00	\$30.00
03/17/2009		Medicare Adjustment					(\$83.67)	\$0.00
Visit Total/Balance Due							<u>\$51.33</u>	<u>\$30.00</u>
03/17/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	364241				
	819	Fx Distal Left Radius						
03/17/2009		Medicare Adjustment					(\$80.57)	\$0.00
03/17/2009	97530	Therapeutic Activities			2.00	\$110.00	\$80.00	\$30.00
03/17/2009	97022	Whirlpool			1.00	\$39.00	\$39.00	\$0.00
Visit Total/Balance Due							<u>\$38.43</u>	<u>\$30.00</u>
Selected Visit Totals							<u>\$311.40</u>	<u>\$204.81</u>

Blair Orthopedics

3000 Fairway Drive, PO Box 30

Altoona, PA 16602

(814) 942-1166

Carole V Kaylor

2701 Fairway Drive Apt 1-C

Altoona, PA 16602

Doc 11774
Main Document

Page 29 of 39

Patent Statement
Monday, March 16, 2009

Desc

Amount Due	Amount Paid
\$144.81	

Payment Type:

☐ Check

☐ American Express

☐ Discover

☐ Mastercard

☐ Visa

Account # _____

Expiration Date ____/____/____

Signature _____

Date ____/____/____

Reflects transactions posted through 3/16/2009 for 391707

(Detach and remit with payment)

ate	Description	Check #	Fee	Units	Insurance	Patient
	Carole V Kaylor(4036522)/Lisa Valko O.T.R./L/361315					
	Location: BO Altoona					
2/27/2009	Therapeutic Activities		\$55.00	1.00	\$25.00	\$30.00
2/27/2009	Orthotic training		\$65.00	1.00	\$65.00	\$0.00
2/27/2009	Medicare Adjustment from UPMC for LIFE				(\$64.50)	\$0.00
3/03/2009	Payment from Kaylor, Carole V	1281			\$0.00	(\$10.00)
3/13/2009	Correction of automatic adjustment Adjustment from UPMC for LIFE	0103526			\$4.18	\$0.00
3/13/2009	Commercial Payment from UPMC for LIFE	0103526			(\$24.87)	\$0.00
3/13/2009	Transfer from Insurance	0103526			(\$4.81)	\$4.81
	Copayment with Your Insurance					
					\$0.00	\$24.81
	Carole V Kaylor(4036522)/Lisa Valko O.T.R./L/361796					
	Location: BO Altoona					
3/03/2009	Therapeutic Activities		\$55.00	2.00	\$80.00	\$30.00
3/03/2009	Medicare Adjustment from UPMC for LIFE				(\$55.78)	\$0.00
					\$24.22	\$30.00
	Carole V Kaylor(4036522)/Lisa Valko O.T.R./L/362602					
	Location: BO Altoona					
3/06/2009	Therapeutic Activities		\$55.00	3.00	\$135.00	\$30.00
3/09/2009	Medicare Adjustment from UPMC for LIFE				(\$83.67)	\$0.00
					\$51.33	\$30.00
	Carole V Kaylor(4036522)/Lisa Valko O.T.R./L/362766					
	Location: BO Altoona					
3/09/2009	Therapeutic Activities		\$55.00	3.00	\$135.00	\$30.00
3/09/2009	Medicare Adjustment from UPMC for LIFE				(\$83.67)	\$0.00
					\$51.33	\$30.00
	Carole V Kaylor(4036522)/Lisa Valko O.T.R./L/363554					
	Location: BO Altoona					
3/12/2009	Therapeutic Activities		\$55.00	4.00	\$190.00	\$30.00
3/12/2009	Medicare Adjustment from UPMC for LIFE				(\$111.56)	\$0.00
					\$78.44	\$30.00

Deposit	0-30	31-60	61-90	91-120	Over 120
\$0.00	\$144.81	\$0.00	\$0.00	\$0.00	\$0.00

Total Balance	Ins. Balance	Pat. Balance
\$350.13	\$205.32	\$144.81

* PAYMENT DUE UPON RECEIPT ***

PAYMENT CAN BE MADE ONLINE: WWW.BLAIRORTHO.COM

Blair Orthopedics * 3000 Fairway Drive, PO Box 30 * Altoona, PA 16602 * (814) 942-1166

Andrew W. Gurman M.D.
ID #: 25-1406641
(814) 942-1166

Inc. to
Sup Dr.
X-Rays
PA

DR: Main Document - Page 31 of 39
NURSE: PA with Supervisor
RETURN: D W M
XRAY CAST OFF CAST & XRAY
SDS:

Not disabled by doctor:
Specific Restrictions
May return to work
May not return to work
May return to gym
No gym/sports from to
DATE OF LAST PAYMENT:
PAYMENTS:
PT / INS BALANCE: \$ 159.81 / \$ 223.45
TODAY'S CHARGE: \$ 30.00 - 4173
PAYMENT:
CASH CHECK CREDIT CARD
TOTAL DUE:
RETURN APPT: 4-27-09 @ 9:00am
DATE:
TIME:
Referral Form Needed: yes no

	NEW	EST	CONSULT
● New Pt.	99201	99211	99241
● Old Pt.	99202	99212	99242
● Er-----	99203	99213	99243
● Routine	99204	99214	99244
● Other	99205	99215	99245
Post Op.....			99024
Nurse Conf.....			99367
IME.....			
Insurance Form			

Appt. 2
Appt. 3
Appt. 4
☐ 3000 FAIRWAY DRIVE PAIN PUMP
☐ NASON REMOVAL
☐ AS SCHEDULED SUTURES
☐ CANCEL PREVIOUS APPT & REPLACE WITH NEW
☐ PT ☐ OT
DOS: 03/16/2009 POST OP: 05/14/2009
DOB: 06/07/1939 CO PAY: 30.00 Copay
NAME: Carole V Kaylor
ACCT #: 4036522
INS: UPMC for LIFE
POLICY #: 00140871501
INS:
POLICY #:

DIAGNOSIS REMARKS:

ICD-9 CODE
813.42 Fx Distal Left Radius

XRAY:	Thumb.....	73140	L	R	MEDICATION INJECTION	CASTS:
C-Spine (AP&LAT).....	Pelvis.....	72170			Coumadin.....	Q.....
Cervical Comp.....	Pelvis w/Hips (5 views).....	73520	L	R	Inj. Depomedrol 20mg 40mg 60mg 80mg	Cast Repair.....
Cervical w/flex&extend.....	Pelvis (3 views).....	72190			Inj. Decadron.....	Wedging Cast.....
Thoracic (AP&Lat).....	Child's Pelvis (min 2).....	73540			Synvisc# (Injection) 1 2 3	Window Cast.....
Lumbar (AP&Lat).....	Sacrum & Coccyx.....	72220			Aspiration an/or Inj. Ganglion Cyst - any loc.	Long Arm Cast.....
Lumbar Coronal (bending) (4 view)	Hip (1 view).....	73500	L	R		Long Arm Splint.....
Lumbar (Complete).....	Hip Complete (Routine).....	73510	L	R		Short Arm Cast.....
Lumbar w/flex&extend.....	Scanogram (Bone Length).....	77073				Short Arm Splint.....
Spine (AP&Lat) entire.....	Joint Survey.....	77077				Finger Splint.....
Spine (1 View).....	Femur.....	73550	L	R		Long Leg Cast.....
Scoliosis Standing (1 view)	Knee (1 or 2 views).....	73560	L	R		Long Leg Walking Cast.....
Scoliosis Study.....	Knee Comp. (3 views).....	73562	L	R		Long Leg Splint.....
Clavicle.....	Knee (4 or more views).....	73564	L	R		Short Leg Cast.....
Shoulder (1 view).....	AP Knees Standing.....	73565				Short Leg Walking Cast.....
Shoulder (min. 2 views).....	Leg.....	73590	L	R		Short Leg Splint.....
Scapula.....	Ankle (2 views).....	73600	L	R		Club Foot Cast.....
AC Joints w/out Wts.....	Ankle Routine.....	73610	L	R		Total Contact Leg Cast.....
Humerus.....	Foot AP&LAT.....	73620	L	R		PTB Cast.....
Elbow Routine.....	Foot Complete.....	73630	L	R		
Elbow Complete (3 views).....	OS Calcis.....	73650	L	R		
Forearm (2 views).....	Toes.....	73660	L	R		
Wrist (2 views).....	Stress View any part.....	77071	L	R		
Wrist Routine (min 3 views).....	X-RAY OTHER:					
Hand (2 views).....						
Hand Comp (3 views).....						
Fingers (min. 2 views).....						

CERVICAL:	SPRAIN LUMBAR:	KNEE:	SHOULDER/ELBOW:	FOOT/ANKLE:
DDD.....	Sprain Lumbar.....	ACL Tear.....	AC Arthritis.....	Metatarsal.....
DJD.....	Stenosis Lumbar.....	Chondromalacia Patella.....	AC Separation.....	Instability Ankle.....
HNP.....	Strain Thoracic.....	Contusion.....	Adhesive Capsulitis.....	Sprain Ankle.....
Radiculitis.....	Tendonitis, Hip.....	DJD/Osteoarthritis.....	Cubital Tunnel.....	Plantar Fascitis.....
Strain.....	HAND/WRIST:	Lateral Meniscal Tear.....	Dislocation Shoulder.....	Achilles Tendonitis.....
	Arthritis.....	Loosening TKR.....	DJD.....	Post Tibial Tendonitis.....
	Carpal Tunnel Synd.....	MCL Strain.....	DJD Elbow.....	Bunion.....
	Dupuytren's Cnt/Hand.....	Patello-Femoral Pain.....	Impingement Synd.....	Peripheral Neuropathy.....
	Ganglion Cyst Wrists.....	PCL Tear.....	Instability.....	Claw toes.....
	ID Wrist.....		Lateral Epicondylitis.....	Hallux Rigidus.....
	Sprain.....		Pain Shoulder.....	OA/DJD Ankle.....
	Trap/metacarpal Arth.....		Tear Rotator Cuff.....	
	Trigger Finger.....		Tendonitis Rot. Cuff.....	
	Dequervains.....		Cuff Tear Arthropathy.....	

AUTHORIZATION TO RELEASE INFORMATION BY and AUTHORIZATION TO PAY BENEFITS TO BLAIR ORTHOPEDIC ASSOCIATES, INC. I authorize the release of any information acquired in the course of my examination or treatment along with payment for paid services. (Patient or Parent if Minor) I request that payment of authorized Medicare benefits be made either to me or on my behalf to Blair Orthopedic Associates, Inc. or any services furnished me by BOA, Inc. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

SIGNED: Carole V Kaylor
3/16/09 1:50 pm

DATE: 3/16/09

A

ALTOONA REGIONAL HEALTH SYSTEM Page 32 of 39

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	02/11/09	
OUTP.		

620 HOWARD AVE
ALTOONA, PA
814-889-2333

166014899

PAGE NO.
1

HOSP NO.
0062

P	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
KAYLOR		CAROLE		F		02/06/09		

GUARANTOR NAME AND ADDRESS	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
CAROLE KAYLOR 2701 FAIRWAY DRIVE APT 1C ALTOONA PA 16602	1 SELF PAY		185304266
	ARSHAD, M NAVEED		

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
-----------------	----------------------------------	--------------	---------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	----------------

02/06	LT WRIST	001 44813202	123.30					123.30
02/06	SPLINT PM DR	001 41118613	385.90					385.90
02/06	E/R-INTERMED	001 41120411	515.50					515.50

BALANCE FORWARD 0.00

SUMMARY OF CURRENT CHARGES
EMERGENCY ROOM 901.40
RADIOLOGY 123.30

SUB-TOTAL OF CURR. CHARGES 1024.70

Nx: 959.4
813.44
E 885.9

send to to RPMC from Hospital

TOTALS	1024.70							1024.70
--------	---------	--	--	--	--	--	--	---------

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	1024.70
304544992				

ALTOONA REGIONAL HEALTH SYSTEM
ALTOONA, PA

unt #: **4036522**

Please Pay: **\$30.00**

Due Date: **UPON RECEIPT**

te	Description	Charges	Insurance Balance	Patient's Balance
	CAROLE V KAYLOR ID# 4036522/ANDREW W. GURMAN, M.D.			
2009	OFFICE EXAM NEW PATIENT	84.00	54.00	30.00
2009	APPL SHORT ARM SPLINT	88.00	88.00	0.00
2009	C/S SRT ARM SPLINT (11+)PLASTE	10.00	10.00	0.00
2009	COMMERCIAL ADJUSTMENT FROM UPMC FOR LIFE		-0.54	0.00
	<i>2/23/09</i> <i>Pd. 30.00</i> <i>Cash</i>		151.46	30.00
	BALANCE TICKET #357809			
IMPORTANT MESSAGE ABOUT YOUR ACCOUNT		Total Balance		181.46
MENT DUE UPON RECEIPT *** PAYMENT CAN BE MADE ONLINE: WWW.BLAIRORTHO.COM		-Insurance Pending		151.46
		Amount Due		30.00

Checks
e To: **Blair Orthopedic Associates, Inc.**

**For Billing Questions Call
814-942-1166 Option 6**

Y YOUR BILL ONLINE: WWW.BLAIRORTHO.COM ***

Credit Control Collections

41380 KAYLOR, CAROL V

Number	Date	Trx Paid Type	Us	Transaction Amount	Balance	Interest	Agency Fees	Check Fees	Attorney Fees	Legal Fees	Sales Tax
19056	12/8/2009	D Y		10.00	40.00						
						Pay Type	Check	Remarks	1249		
51768	1/12/2010	D Y		10.00	30.00						
						Pay Type	Check	Remarks	1264		
34141	2/5/2010	D Y		10.00	20.00						
						Pay Type	Check	Remarks	1268		
58467	3/8/2010	D Y		12.00	8.00						
						Pay Type	MoneyOrder	Remarks	202371524080		
Count				Transaction Amount		Interest	Agency Fees	Check Fees	Attorney Fees	Legal Fees	Sales Tax
				42.00		0.00	0.00	0.00	0.00	0.00	0.00

Credit Control Collections
P.O. Box 72, Altoona, PA 16603
814-946-1211 or 800-677-8079
Carol Green - Acct Rep.

Patient Ledger

Patient ID: [REDACTED] Carole V Kaylor
Birthdate: 06/07/1939 2701 FAIRWAY DR APT 1C
Phone 1: [REDACTED] Home ALTOONA PA 16602
Phone 2: [REDACTED] Cell

Total Charges: \$3,579.03
Total Payments: \$1,746.80
Total Adjustments: \$1,807.42
Insurance Balance: \$0.00
Patient Balance: \$24.81

Blair Orthopedics
3000 Fairway Drive
P.O. Box 30
Altoona, PA 16603

Visit	Company	Doctor	Facility	Ticket Number	Units	Fee	Insurance	Patient
Service	Code	Description						
02/09/2009	Blair Orthopedics	Gurman M.D., Andrew W.	BO Altoona	357809				
	819	Fx Distal Left Radius						
02/09/2009		Commercial Adjustment					(\$0.54)	\$0.00
02/09/2009	99202	Office Exam New Patient			1.00	\$84.00	\$54.00	\$30.00
02/09/2009	29125	Appl Short Arm Splint			1.00	\$88.00	\$88.00	\$0.00
02/09/2009	Q4021	C/S Srt Arm Splint (11+)Plaste			1.00	\$10.00	\$10.00	\$0.00
02/13/2009		Commercial Payment					(\$93.82)	\$0.00
02/13/2009		Commercial Adjustment					(\$57.64)	\$0.00
02/23/2009		Payment - <u>From Patient</u>					\$0.00	(\$30.00)
Visit Total/Balance Due							\$0.00	\$0.00
02/13/2009	Blair Orthopedics	Gurman M.D., Andrew W.	Altoona Hospital Surgery Center	360000				
	819	Fx Distal Left Radius						
02/13/2009	25607	ORIF distal radius extra-articular fx			1.00	\$1,375.00	\$1,375.00	\$0.00
02/13/2009	73100	Xray Wrist			1.00	\$61.00	\$61.00	\$0.00
02/19/2009		Commercial Adjustment					(\$667.84)	\$0.00
02/25/2009		Medicare Adjustment					(\$105.75)	\$0.00
02/25/2009		Medicare Payment					(\$8.16)	\$0.00
02/25/2009		Medicare Payment					(\$636.12)	\$0.00
04/07/2009		Medicare Adjustment					(\$18.13)	\$0.00
Visit Total/Balance Due							\$0.00	\$0.00
02/23/2009	Blair Orthopedics	Gurman M.D., Andrew W.	BO Altoona	360411				
	819	Fx Distal Left Radius						
02/23/2009		Commercial Adjustment					(\$49.40)	\$0.00
02/23/2009	99024	Post Op Follow-Up Visit			1.00	\$0.00	\$0.00	\$0.00
02/23/2009	73110	Xray Wrist			1.00	\$83.00	\$83.00	\$0.00
03/02/2009		Transfer from Insurance					(\$15.00)	\$15.00
	Notes:	Copayment with Your Insurance						
03/02/2009		Commercial Adjustment					(\$2.28)	\$0.00
03/02/2009		Commercial Payment					(\$16.32)	\$0.00
03/03/2009		Payment - <u>From Patient</u>					\$0.00	(\$15.00)
Visit Total/Balance Due							\$0.00	\$0.00
02/25/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	360996				
	819	Fx Distal Left Radius						
02/25/2009	97003	OT Evaluation			1.00	\$132.00	\$102.00	\$30.00
02/25/2009	97530	Therapeutic Activities			2.00	\$110.00	\$110.00	\$0.00
02/26/2009		Medicare Adjustment					(\$55.78)	\$0.00
03/03/2009		Payment					\$0.00	(\$30.00)
03/04/2009		Medicare Payment					(\$42.31)	\$0.00
	Notes:	Copayment with Your Insurance						
03/04/2009		Correction of automatic adjustment Adjustment					\$2.98	\$0.00
03/04/2009		Medicare Adjustment					(\$59.69)	\$0.00
03/04/2009		Medicare Payment					(\$57.20)	\$0.00
Visit Total/Balance Due							\$0.00	\$0.00
02/27/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	361315				
	819	Fx Distal Left Radius						
02/27/2009		Medicare Adjustment					(\$64.50)	\$0.00
02/27/2009	97530	Therapeutic Activities			1.00	\$55.00	\$25.00	\$30.00
02/27/2009	97760	Orthotic training			1.00	\$65.00	\$65.00	\$0.00
03/03/2009		Payment					\$0.00	(\$10.00)
03/05/2009		Transfer from Insurance					(\$4.81)	\$4.81
	Notes:	Copayment with Your Insurance						
03/05/2009		Commercial Payment					(\$24.87)	\$0.00
03/05/2009		Correction of automatic adjustment Adjustment					\$4.18	\$0.00
06/04/2009		Payment - <u>From Patient</u>					\$0.00	(\$24.81)
Visit Total/Balance Due							\$0.00	\$0.00
03/03/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	361796				
	819	Fx Distal Left Radius						
03/03/2009		Medicare Adjustment					(\$55.78)	\$0.00
03/03/2009	97530	Therapeutic Activities			2.00	\$110.00	\$80.00	\$30.00

Patient ID: [REDACTED]
Birthdate: 06/07/1939
Phone 1: [REDACTED] Home
Phone 2: [REDACTED] Cell

Carole V Kaylor
2701 FAIRWAY DR APT 1C
ALTOONA PA 16602

Blair Orthopedics
3000 Fairway Drive
P.O. Box 30
Altoona, PA 16603

Total Charges: \$3,579.03
Total Payments: \$1,746.80
Total Adjustments: \$1,807.42
Insurance Balance: \$0.00
Patient Balance: \$24.81

Visit	Company	Doctor	Ticket Number	Units	Fee	Insurance	Patient
Service	Code	Description					
03/09/2009		Correction of automatic adjustment Adjustment				\$2.98	\$0.00
03/09/2009		Commercial Payment				(\$27.20)	\$0.00
06/04/2009	Notes:	Copay Not Paid					
07/03/2009		Payment - <u>From Patient</u>				\$0.00	(\$5.19)
		Payment - <u>From Patient</u>				\$0.00	(\$24.81)
Visit Total/Balance Due						\$0.00	\$0.00
03/06/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	362602			
	819	Fx Distal Left Radius					
03/06/2009	97530	Therapeutic Activities		3.00	\$165.00	\$135.00	\$30.00
03/09/2009		Medicare Adjustment				(\$83.67)	\$0.00
03/13/2009		Commercial Payment				(\$55.80)	\$0.00
03/13/2009		Correction of automatic adjustment Adjustment				\$4.47	\$0.00
07/03/2009		Payment - <u>From Patient</u>				\$0.00	(\$5.19)
08/03/2009		Payment - <u>From Patient</u>				\$0.00	(\$24.81)
Visit Total/Balance Due						\$0.00	\$0.00
03/09/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	362766			
	819	Fx Distal Left Radius					
03/09/2009		Medicare Adjustment				(\$83.67)	\$0.00
03/09/2009	97530	Therapeutic Activities		3.00	\$165.00	\$135.00	\$30.00
03/13/2009		Correction of automatic adjustment Adjustment				\$4.47	\$0.00
03/13/2009		Commercial Payment				(\$55.80)	\$0.00
08/03/2009	Notes:	Copay Not Paid					
		Payment - <u>From Patient</u>				\$0.00	(\$5.19)
10/02/2009		Payment - <u>From Patient</u>				\$0.00	(\$24.81)
Visit Total/Balance Due						\$0.00	\$0.00
03/12/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	363554			
	819	Fx Distal Left Radius					
03/12/2009		Medicare Adjustment				(\$111.56)	\$0.00
03/12/2009	97530	Therapeutic Activities		4.00	\$220.00	\$190.00	\$30.00
03/19/2009		Correction of automatic adjustment Adjustment				\$5.96	\$0.00
03/19/2009		Commercial Payment				(\$84.40)	\$0.00
10/02/2009		Payment - <u>From Patient</u>				\$0.00	(\$5.19)
11/03/2009		Payment - <u>From Patient</u>				\$0.00	(\$24.81)
Visit Total/Balance Due						\$0.00	\$0.00
03/16/2009	Blair Orthopedics	Gurman M.D., Andrew W.	BO Altoona	364037			
	819	Fx Distal Left Radius					
03/03/2009		Payment				\$0.00	(\$15.00)
03/03/2009		Transfer from Patient				(\$15.00)	\$15.00
03/16/2009		Medicare Adjustment				(\$51.68)	\$0.00
03/16/2009	99024	Post Op Follow-Up Visit		1.00	\$0.00	\$0.00	\$0.00
03/16/2009	73110	Xray Wrist		1.00	\$83.00	\$83.00	\$0.00
03/30/2009		Commercial Payment				(\$16.32)	\$0.00
Visit Total/Balance Due						\$0.00	\$0.00
03/16/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	364209			
	819	Fx Distal Left Radius					
03/16/2009	97530	Therapeutic Activities		3.00	\$165.00	\$135.00	\$30.00
03/17/2009		Medicare Adjustment				(\$83.67)	\$0.00
03/23/2009		Transfer from Insurance				\$15.00	(\$15.00)
03/23/2009	Notes:	Copayment with Your Insurance					
03/23/2009		Medicare Adjustment				\$4.47	\$0.00
03/23/2009		Medicare Payment				(\$70.80)	\$0.00
11/03/2009		Payment - <u>From Patient</u>				\$0.00	(\$5.19)
12/15/2009		Payment - <u>From Patient</u>				\$0.00	(\$9.81)
Visit Total/Balance Due						\$0.00	\$0.00
03/17/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	364241			
	819	Fx Distal Left Radius					
03/17/2009		Medicare Adjustment				(\$80.57)	\$0.00
03/17/2009	97530	Therapeutic Activities		2.00	\$110.00	\$80.00	\$30.00
03/17/2009	97022	Whirlpool		1.00	\$39.00	\$39.00	\$0.00
03/23/2009		Medicare Payment				(\$43.73)	\$0.00

Patient ID: [REDACTED] Carole V Kaylor
Birthdate: 06/07/1939 2701 FAIRWAY DR APT 1C
Phone 1: [REDACTED] Home ALTOONA PA 16602
Phone 2: [REDACTED] Cell

Total Charges: \$3,579.03
Total Payments: \$1,746.80
Total Adjustments: \$1,807.42
Insurance Balance: \$0.00
Patient Balance: \$24.81

Blair Orthopedics
3000 Fairway Drive
Facility: **P.O. Box 30**
Altoona, PA 16603

Visit	Company	Doctor	Ticket Number	Units	Fee	Insurance	Patient
Service	Code	Description					
03/23/2009		Medicare Adjustment				(\$14.21)	\$0.00
03/23/2009		Correction of automatic adjustment Adjustment				\$19.51	\$0.00
12/15/2009		Payment - <u>From Patient</u>				\$0.00	(\$20.19)
01/02/2010		Payment - <u>From Patient</u>				\$0.00	(\$9.81)
Visit Total/Balance Due						\$0.00	\$0.00
03/23/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	365250			
	819	Fx Distal Left Radius					
03/23/2009		Medicare Adjustment				(\$83.67)	\$0.00
03/23/2009	97530	Therapeutic Activities		3.00	\$165.00	\$135.00	\$30.00
03/27/2009		Medicare Adjustment				\$4.47	\$0.00
03/27/2009		Medicare Payment				(\$55.80)	\$0.00
01/02/2010		Payment - <u>From Patient</u>				\$0.00	(\$20.19)
03/05/2010		Payment - <u>From Patient</u>				\$0.00	(\$9.81)
Visit Total/Balance Due						\$0.00	\$0.00
03/26/2009	Blair Orthopedics	Valko O.T.R./L, Lisa	BO Altoona	366263			
	819	Fx Distal Left Radius					
03/26/2009	97530	Therapeutic Activities		3.00	\$165.00	\$135.00	\$30.00
03/27/2009		Medicare Adjustment				(\$83.67)	\$0.00
04/02/2009		Commercial Payment				(\$55.80)	\$0.00
04/02/2009		Correction of automatic adjustment Adjustment				\$4.47	\$0.00
03/05/2010		Payment - <u>From Patient</u>				\$0.00	(\$20.19)
Visit Total/Balance Due						\$0.00	\$9.81
04/17/2009	Blair Orthopedics	Gurman M.D., Andrew W.	BO Altoona	370275			
	RECORDS	Records					
04/16/2009		Payment				\$0.00	(\$46.03)
04/17/2009	RECORDS	Records		1.00	\$46.03	\$0.00	\$46.03
04/17/2009	RECORDS	Records		-1.00	(\$46.03)	\$0.00	(\$46.03)
04/21/2009		Payment (<u>From Attorney</u>)				\$0.00	\$46.03
Visit Total/Balance Due						\$0.00	\$0.00
04/17/2009	Blair Orthopedics	Rowe D.O., Angela W.	BO Altoona	370573			
	RECORDS	Records					
04/17/2009	RECORDS	Records		1.00	\$46.03	\$0.00	\$46.03
04/21/2009		Payment (<u>From Attorney</u>)				\$0.00	(\$46.03)
Visit Total/Balance Due						\$0.00	\$0.00
05/08/2009	Blair Orthopedics	Rowe D.O., Angela W.	BO Altoona	373758			
	819	Fx Distal Left Radius					
05/08/2009		Medicare Adjustment				(\$51.68)	\$0.00
05/08/2009	99024	Post Op Follow-Up Visit		1.00	\$0.00	\$0.00	\$0.00
05/08/2009	73110	Xray Wrist		1.00	\$83.00	\$83.00	\$0.00
05/18/2009		Transfer from Insurance				(\$15.00)	\$15.00
05/18/2009		Commercial Payment				(\$16.32)	\$0.00
Visit Total/Balance Due						\$0.00	\$15.00
Selected Visit Totals						\$0.00	\$24.81

294.81

KAYLOR, CAROLE Main Docum		3	ORIGINAL	INT/CHGS
03/23/10	2701 FAIRWAY DRIVE APT 1C		240.00	0.00
03 01		RETIRED	190.00	0.00
	ALTOONA, PA	N	7 03/09/10	54.00
04/01/10	16602		CURRENT	BALANCES
20			50.00	50.00

01 KAYLOR, CAROLE	ALTOONA REGIONAL HEAL	240.00	06/09/09	31	50.00
01 312B7C	ALTOONA REGIONAL HEALTH	OFFICE PERSONAL	CKU-03T-3407/07/09		20.00
01 316C05	ALTOONA REGIONAL HEALTH	OFFICE PERSONAL	CKU-03T-3408/06/09		20.00
01 31B696	ALTOONA REGIONAL HEALTH	OFFICE PERSONAL	CKU-03T-3409/10/09		20.00
01 327BC2	ALTOONA REGIONAL HEALTH	OFFICE PERSONAL	CKU-03T-3412/09/09		20.00
01 32EBC5	ALTOONA REGIONAL HEALTH	OFFICE PERSONAL	CKU-03T-3402/06/10		20.00
01 3323FE	ALTOONA REGIONAL HEALTH	DIRECT DIRECT	U-99T-3703/09/10		36.00
01 332400	ALTOONA REGIONAL HEALTH	OFFICE MONEY ORDER	U-03T-3403/09/10		54.00

Wagner & Finn
Attorneys at Law

Michael J. Wagner
Thomas P. Finn

153 Lakemont Park Blvd.
Altoona, PA 16602
(814) 944-4700
(814) 944-3705 Fax
www.wagfinn.com

Please reply to Altoona Office

Ebensburg Office:
103 S. Center St. - 2nd Floor
Ebensburg, PA 15931
(814) 472-7833

February 29, 2012

Clerk of Court
United States Bankruptcy Court
710 East Broad Street, Suite 4000
Richmond, VA 23219

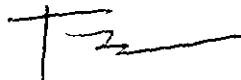
In re: Circuit City, Inc.
Case No. 08-35653

Dear Sirs:

Pursuant to the February 17, 2012 notification of counsel for the Debtor, enclosed please find for filing a Proof of Claim on behalf of Carole Kaylor with all corresponding attachments.

Thank you for your attention to this matter.

Sincerely,



Thomas P. Finn

TPF/cam
Enclosures

cc: Lynn L. Tavenner, Esquire
Paula S. Beran, Esquire
Andrew W. Caine, Esquire
Carole Kaylor